



October 2, 2013

Via Electronic Filing

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42
2013 ETC Annual Report of Citizens Telephone Corporation
Study Area Code 320751

Dear Executive Secretary:

On behalf of Citizens Telephone Corporation ("Citizens"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules¹. Citizens seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations². The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl
VP of Consulting
Phone: (605) 995-1750
Fax: (605) 995-1778
Doug.Eidahl@Vantagepnt.com
Enclosure(s)

cc: Mr. Neil Laymon, General Manager, Citizens Telephone Corporation
Mr. Charles Tyler, Telecommunications Access Policy Division

¹ 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035> Contact Telephone Number: Number of the person identified in data line <030>	605-995-1793
<039> Contact Email Address: Email of the person identified in data line <030>	leah.richter@vantagepnt.com

ANNUAL REPORTING FOR ALL CARRIERS			54.313 Completion Required	54.422 Completion Required
(check box when complete)				
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report				
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>			
<420> Mobile	<input type="text" value="0.0"/>			
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed				
<450> Mobile				
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <input type="text" value="320751in510"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <input type="text" value="320751in610"/>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <input type="text"/>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2013
<702>	Single State-wide Residential Local Service Charge	

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<810>	Reporting Carrier	Citizens Telephone Corporation
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans	320751lin1210 <hr/> Name of attached document (.pdf)
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<1220> Link to Public Website	HTTP <hr/>
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“Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222> Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223> Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	320751
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

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Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)} Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		<input type="checkbox"/> (Yes/No)
(3014)	If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input checked="" type="checkbox"/>
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3022)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3023)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	320751in3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
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<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	320751
<015> Study Area Name	CITIZENS TEL CORP
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter
<035> Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Leah Richter</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Leah Richter
Name of Reporting Carrier:	CITIZENS TEL CORP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/01/2013
Printed name of Authorized Officer:	Joanie Paxson
Title or position of Authorized Officer:	Secretary, Office Manager
Telephone number of Authorized Officer:	260-375-2111
Study Area Code of Reporting Carrier:	320751 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	CITIZENS TEL CORP
Name of Authorized Agent or Employee of Agent:	Leah Richter
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/01/2013
Printed name of Authorized Agent or Employee of Agent:	Leah Richter
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	605-995-1793
Study Area Code of Reporting Carrier:	320751 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	320751
<015>	Study Area Name	CITIZENS TEL CORP
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com
<810>	Reporting Carrier	Citizens Telephone Corporation
<811>	Holding Company	N/A
<812>	Operating Company	N/A

[illegible]

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2012****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Attached are copies of Carrier's customer application which includes matters related to customer privacy. Also attached is Carrier's Phone Directory information related to customer privacy. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on September 30, 2013.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

CITIZENS TELEPHONE CORPORATION

Application for Service



TYPE OF SERVICES REQUESTED	Landline Phone	Cable TV
	Internet	Bundle Product? Yes or No
Date	Assigned #	Non Pub # Yes or No
Customer Name		
Actual Location		
Billing Address If Different		
POA for Invoice		
	Address	Tel #
Spouse or Other Occupant		
INFORMATION FOR LANDLINE INSTALLATION		
<input type="checkbox"/> Deposit Paid \$	<input type="checkbox"/> Installation Fee \$	
<input type="checkbox"/> Additional Jacks Required \$	<input type="checkbox"/> Advance Pay Received \$	
Long Distance Carrier Preference	PIC Freeze? Yes or No	
An assistance program known as Lifeline is available. A separate application and proof of assistance is required. Credit will apply to landline service only.		
Custom calling features are available. Additional information on these features and how they work, can be found in our telephone directory. Calling features can be added or deleted at any time. Most calling features are free with a bundled service.		
INFORMATION FOR INTERNET INSTALLATION		
User Name (letters only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Password (letters or numbers)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Basic DSL Access (256 K) \$18.95	<input type="checkbox"/> Data Only Level 1 DSL Access (2 M) \$49.00	
<input type="checkbox"/> Level 1 DSL Access (2 M) \$32.00	<input type="checkbox"/> Data Only Level 2 DSL Access (5 M) \$65.00	
<input type="checkbox"/> Level 2 DSL Access (5 M) Residential \$46.00	<input type="checkbox"/> Data Only Level 3 DSL Access (10 M) \$95.00	
<input type="checkbox"/> Level 2 DSL Access (5 M) Business \$52.00	<input type="checkbox"/> Data Only Level 4 DSL Access (15 M) \$120.00	
<input type="checkbox"/> Level 3 DSL Access (10 M) Residential \$69.00	<input type="checkbox"/> Surge Protector \$	
<input type="checkbox"/> Level 3 DSL Access (10 M) Business \$74.00	<input type="checkbox"/> Installation \$21.00	
<input type="checkbox"/> Level 4 DSL Access (15 M) Residential \$94.00	<input type="checkbox"/> Advance Pay Received \$	
<input type="checkbox"/> Level 4 DSL Access (15 M) Business \$99.00	<input type="checkbox"/> Other \$	

INFORMATION FOR CABLE TV INSTALLATION	
<input type="checkbox"/> Installation \$15.00	<input type="checkbox"/> Basic Cable TV \$34.00
<input type="checkbox"/> Home Box Office Channel \$16.50	<input type="checkbox"/> Encore Movie Channel \$5.00
<input type="checkbox"/> Additional Outlets \$	<input type="checkbox"/> Advance Pay Received \$
ADDITIONAL INFORMATION FOR BUNDLED SERVICE	
<input type="checkbox"/> Voice Mail/Message Desk	<input type="checkbox"/> Automatic Recall *69
<input type="checkbox"/> Call Forward Busy	<input type="checkbox"/> Call Forward Don't Answer
<input type="checkbox"/> Call Forwarding	<input type="checkbox"/> Call Waiting
<input type="checkbox"/> Call Waiting with Caller ID	<input type="checkbox"/> Caller Name & Number Delivery
<input type="checkbox"/> Selective Call Rejection	<input type="checkbox"/> Three Way Calling
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Upgrade to 10M DSL \$25.00 additional	<input type="checkbox"/> Upgrade to 15M DSL \$50.00 additional
Per the FCC rules regarding Customer Proprietary Network Information (CPNI), only authorized account contacts can obtain account information. Please specify below names of additional contacts. According to CPNI FCC rules, we can only discuss certain account information with persons listed on this form.	
Due to the CPNI FCC rules, if you request call detail or financial information, you must supply a password before the information can be disclosed.	Authorized Chosen Password:
If you do not remember the password, the below security questions will be used for verification.	
What was your first childhood pet's name?	What is your favorite color?
All information requested must be completed for an account to be assigned and activated. This application is an agreement for service according to the Customer Service Agreement set forth by Citizens Telephone Corporation on July 1, 2009.	
Print Full Legal Name	Date
Signature	
Cell Phone #	Drivers License #

CITIZENS TELEPHONE CORPORATION
 PO Box 330 / 426 N Wayne St
 Warren, IN 46792
 (PH) 260-375-2111 (FAX) 260-375-2244
www.citznet.com

CITIZENS TELEPHONE CORPORATION

Authorized Account Contacts

Attachment Line 510

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

The current authorized account contacts are listed below. Please mark whether you would or would not like to add another contact to the account at this time. If you do add another contact, please provide their name(s) in the lines below.

Reminder: Due to the new CPNI FCC rules, we can only discuss certain account information and call detail with such authorized contacts.

Services Supplied by Citizens (please mark all that apply)

Phone		Internet		Cable TV	
-------	--	----------	--	----------	--

Current Authorized Account Contacts for (account number): (260) _____

Contact: _____

Contact: _____

☐ No, at this time I do not want to add any additional authorized contacts to my account.

☐ Yes, at this time I would like to add the following people as authorized contacts for my account.

_____	_____
_____	_____

Email Address*: _____

*The FCC does allow call detail CPNI to be sent to an email account of record. However, this email address must be in the company files for at least 30 days before CPNI can be sent to it. If you would like our company to have an "email address of record" in our files, please provide the address.

Authorized By: _____

(Signature of authorized contact currently listed on the account)

Date: _____

Please use the enclosed envelope to return the completed form to our office at:

Citizens Telephone Corporation
426 N. Wayne Street, PO Box 330
Warren, IN 46792-0330

For questions regarding this form or the new CPNI company policies, please contact:

Joanie Paxson

CPNI Compliance Officer
Citizens Telephone Corporation

(260) 375-2111

Phone Number

CITIZENS TELEPHONE CORPORATION

Password Set Up

Attachment Line 510

Per the new FCC rules regarding Customer Proprietary Network Information (CPNI) as described in the attached notice, this form needs to be completed and returned to our office.

Reminder: Due to the new CPNI FCC rules, if you request call detail information you must supply this password before the information can be disclosed. If you do not remember the password, the security questions below will be used for verification and a new password will be established. If a password can not be supplied for call detail information, there are only a few ways mandated by the FCC in order to obtain the information.

- (1) Have the telephone representative call you back, but only at the telephone number of record
- (2) Have the telephone representative mail you the requested call detail information, but only to the address of record
- (3) You, the authorized account customer, must come to the telephone office and show your valid government issued photo ID

One Form must be completed per account, therefore if there are more than one authorized customers on the account this password will be for all authorized customers.

Current Authorized Account Contacts for (phone number): (260) - _____

Contact: _____

Contact: _____

Authorized Customer Chosen Password*: _____

(Between 5-10 characters in length - Alpha, Numeric, or Alpha/Numeric Mixed - no spaces or symbols all)

*This password can not be historical information such as based on your social security number, address, etc. The FCC is trying to minimize the possibility of false identification for supplying call detail, therefore do not use anything that someone else would be able to access.

Security Questions & Answers:

Chose two security questions and fill in the answer. This will be used to verify you as the authorized customer if the password can not be remember. The telephone representative will ask you the chosen questions and wait for the proper answer (that you complete below) before the password is re-established.

1. What was your first childhood pet's name?

2. Where were you born?

(You can use city and state, just state, just city, state abbreviation, zip code, city nick name, etc. Just remember they way you have chosen to answer this.)

3. What is your favorite color?

4. As a child, what was your dream job?

5. What brand of shampoo do you use?

Authorized By: _____

(Signature of authorized contact currently listed on the account)

Date: _____

Please use the enclosed envelope to return the completed form to our office at:

Citizens Telephone Corporation
426 N. Wayne Street, PO Box 330
Warren, IN 46792-0330

For questions regarding this form or the new CPNI company policies, please contact:

Jóanie Paxson
CPNI Compliance Officer
Citizens Telephone Corporation

(260) 375-2111

Phone Number

FCC Plan for Customer Proprietary Network Information (CPNI)

Attachment Line 510

REDACTED - FOR PUBLIC INSPECTION

Your Customer Proprietary Network Information Rights

In the normal course of providing your telephone service, Citizens Telephone Corporation maintains certain information about your account. This information, when matched to your name, address and calling or originating billing telephone number, is known as your customer specific "Customer Proprietary Network Information," or CPNI for short. Examples include the type of line you have, service features like Touch tone and Caller ID, class of service, telephone charges, long-distance and local service billing records, directory assistance charges, and historical call records and patterns. Some service providers, elected by you, offering additional telecommunication services, such as INTRA/INTER LATA long-distance providers and Internet call-forwarding services, may have customer information and historical call data. You should consult the third party vendor's CPNI policy for information on their use, privacy, and your rights, of your CPNI.



Currently, Citizens Telephone Corporation does not market additional services, nor do we sell customer information to any third party. However, we reserve the right, afforded by law, to use your CPNI to market additional local telephone services to you in the future, as well as enhanced features and long distance services. The Federal Communications Commission has adopted rules stating that Citizens Telephone Corporation may not use your CPNI to market certain telecommunications related services or features to you if you have requested that the CPNI be considered "restricted/opt-out" for this purpose. If you wish to have your CPNI "restricted/opt-out," call the Citizens Telephone Corporation office at (260) 375-2111. Tell us that you wish to restrict our use of your customer information. The restriction will remain in effect until you notify us otherwise. Please note that restricting your CPNI will not eliminate all of our marketing contacts with you. You could still receive marketing contacts from us that are not based on your CPNI. Also, we are permitted to use your CPNI to contact you about additional local telephone and other services when we already provide you that same type service. Finally, even if your CPNI is restricted, we may still use it to market any other telecommunications services or features with your permission or if you contact us and ask about them.

2013-14 Phone Directory

CERTIFICATION OF CITIZENS TELEPHONE CORPORATION**Reporting Period January 1 – December 31, 2012****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has generators for power reserve in their Central office and Liberty Center Office. Carrier's rural Remotes each have up to 8 hours battery backup and Carrier also has 2 portable 50kW generators to service the Rural Remotes in the event of an extended outage. Battery charging takes 2 hours which allows time to charge and move to another remote if needed. This backup enables it to provide service for a reasonable period of time if external power is lost. Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on September 30, 2013.

/s/ Neil Laymon

Neil Laymon, General Manager, Citizens Telephone Corporation

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 320751

Study Area Name: Citizens Telephone Corporation

Citizens Telephone Corporation publishes Lifeline Information in their phone directory, advertises in the local newspapers and also publishes information within their yearly newsletter.

Citizens Telephone Corporation's Rates and Pricing <http://citznet.com/telephone.php>

Frequently Asked Questions on Citizens Telephone Corporation's website <http://citznet.com/faq.php> :

Q. Are there programs available to help make telephone service more affordable for low-income customers? How is eligibility determined, and where can I apply?

A. Federal and state lawmakers believe that every person in America should have access to quality, affordable telecommunications service. If you participate in social programs, such as Supplemental Security Income (SSI), Food Stamps, Low Income Home Energy Assistance (LIHEAP), Temporary Assistance to Needy Families (TANF), Medicaid, Federal Public Housing Assistance, National School Lunch Program or if your household income is below a certain threshold level, you may qualify for a discount on your telephone bill. This "universal service" system includes:

- Lifeline assistance - provides discounts for basic monthly local telephone service
- Link-up - reduces the cost of initiating new telephone service

Eligibility for these programs varies by federal and state guidelines. To find out whether you qualify, you need to fill out standard forms available at our office and other state and local government offices in the area. While we participate in these federal and state programs based support programs, we are not responsible for determining who qualifies, and therefore who receives assistance. Customers must meet specific, pre-determined regulations in order to obtain assistance with their local telephone service.

The Universal Service Administration lists full details and state-specific Lifeline contact information, at www.lifelinesupport.org. Or you can call toll free, 1-888-641-8722, if you have questions about the Lifeline and Link-up discounts.

LIFELINE ASSISTANCE APPLICATION

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Attachment Line 1210

Certification form for Landline Service Providers.____ **New Service**____ **Recertification****TO APPLY FOR LIFELINE**

1. Complete Section A
2. Complete Section B OR Section C
3. Complete Section D, including signing and dating the form
4. Show proof of eligibility (per Section B or C)

Revised Form 12/2012

SECTION A – PERSONAL INFORMATION

The person below **MUST BE** the same person listed on the telephone bill. Please remember to complete Section D on the reverse side.

Customer Name	Complete Phone #
Billing Address	Service Address
City,St,Zip	City,St,Zip
Date of Birth (M/D/Y)	Last 4 Digits of SSN (required)

Is this service address temporary? (required) YES / NO

Is this service address a multi-household? (required) YES / NO

Only one Lifeline service is available per household. For purposes of the Lifeline program:

- *A household is defined as any individual or group of individuals who live together at the same address as one economic unit.*
- *An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons, and may not receive Lifeline benefits from multiple providers.*

Lifeline is a federal government assistance benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person. *(If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.)*

SECTION B – PROGRAM BASED ELIGIBILITY

Check all program (s) in which you or household members are currently enrolled. You must provide proof of program participation. This could include a copy of your benefit ID card, a copy of an eligibility letter from authorized agency or prior year's statement of benefits.

- ☐ Food Stamps / SNAP
- ☐ Medicaid
- ☐ Temporary Assistance to Needy Families (TANF)
- ☐ National School Lunch Program's Free Lunch
- ☐ Federal Public Housing Assistance (FPHA)
- ☐ Low-Income Energy Assistance Program (LIHEAP)
- ☐ Supplemental Security Income (SSI) (This is not the same as Social Security Benefits)

SECTION C – INCOME BASED ELIGIBILITY (circle qualifying household size)

Household Size	Yearly income @ 135% of Federal Poverty Guidelines*
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118

If you have more than 4 people in your household, write the number of people and add \$5,346 for each additional person to the yearly income \$31,118.

Calculate the TOTAL household income by reporting the income of all adult persons in your household in the appropriate category:

Attachment Line 1210

INCOME SOURCE	AMOUNT OF INCOME
Prior Year's State or Federal tax return OR Social Security; Retirement Benefits	
Alimony or Child Support Benefits	
Wages	
Unemployment; Worker's Compensation	
TOTAL	

You must provide proof of income as reported above. Examples include your prior year's State or Federal income tax return OR most recent statement(s) from each type of current income sources noted above:

- Three months' worth of your most recent paycheck stub(s)
- Unemployment/Workmen's Compensation statement of benefits from all employers
- Child Support documentation showing benefits
- Social Security statement of benefits
- Federal or Veterans Administration statement of benefits
- Divorce Decree showing Alimony benefits

(If you are returning application by mail, please send only copies, not original documents. Documentation will NOT be returned, and will be shredded after verification.)

SECTION D – SIGNATURE (This section must be filled out completely)

Please read the following statements, initial by each certification, and sign below. (Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.) By initialing below, I certify under penalty of perjury, to each and every one of the following statements:

	I meet the income based or programs based eligibility criteria for receiving Lifeline support and have provided documentation of my eligibility.
	I will notify the carrier within 30 days if, for any reason, I no longer satisfy the criteria for receiving Lifeline including if I no longer meet the income based or program based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, or if another member of my household is receiving a Lifeline benefit.
	If I move to a new address, I will provide that new address to the telephone company within 30 days.
	If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address every 90 days.
	My household will receive only one (1) Lifeline service, and to the best of my knowledge, my household is not already receiving a Lifeline service.
	I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.
	I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.
	I acknowledge that information from this certification will be given to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that my household does not receive more than one benefit.

By signing below, I affirm under the penalty of perjury that the information contained in the application and certification form is true and correct to the best of my knowledge.

Customer Signature & Printed Name

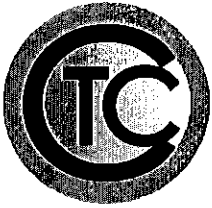
Date

POA Name (If applicable)

POA Mailing Address & Contact Phone Number

(*) The US Department of Health & Human Services updates the federal poverty guidelines annually. Figures above are using 2012 data.

CITIZENS TELEPHONE CORPORATION



PO Box 330
426 N Wayne Street
Warren IN 46792
(Phone) 260-375-2111
(Fax) 260-375-2244

June 14, 2013

Dear Lifeline Assistance Subscriber:

Each year, according to Federal Communications Commission regulations, we must recertify all subscribers that are eligible for the Lifeline Assistance Program. According to our records, you are currently receiving this assistance credit toward your basic local service.

Enclosed you will find application to receive the Lifeline credits. This application is for both new service and also for re-certification. Please take note this is a new form and has changed from the previous form. We are now required to have your date of birth and the last 4 digits of your Social Security number. Please complete the application and return to our office, along with copy of proof, of your participation in the approved program(s) you have indicated. If you wish, you can bring the proof to our office and we will verify in person. We must have this verification in order for you to be eligible to receive Lifeline credits.

This application needs to be returned to our office no later than July 10th, in order for you to remain on the assistance program. Failure to return the application and proof of eligibility will result in you being denied the credits effective on your August 1st billing.

Please give our office a call if you should have questions.

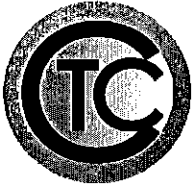
Sincerely,
CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Cammy Ackley

Enclosure

CITIZENS TELEPHONE CORPORATION



PO Box 330
426 N Wayne Street
Warren IN 46792
(Phone) 260-375-2111
(Fax) 260-375-2244

June 14, 2013

Jim Howell - Salamonie Township Trustee, Huntington County
PO Box 14 / Warren IN 46792

Dave Keller - Jefferson Township Trustee, Huntington County
1576 W 1000 S / Warren IN 46792

Bruce Herr - Jackson Township Trustee, Wells County
6620 W 900 S 90 / Warren IN 46792

Diane Rockwell - Liberty Township Trustee, Wells County
PO Box 122 / Liberty Center IN 46766

Gary Story - Chester Township Trustee, Wells County
7898 S Meridian Rd / Poneto IN 46781

Attention Township Trustees:

Each year, according to Federal Communications Commission regulations, we must recertify and provide public notice to any telephone subscribers that may be eligible for the Lifeline Assistance Program.

Enclosed you will find applications to request the Lifeline credits. This application is for both new service and also for re-certification. Please provide the application to residents that may contact your office for any type of assistance, as they may qualify for the Lifeline program.

Please give our office a call if you should have questions.

Sincerely,
CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Enclosures

CITIZENS TELEPHONE CORPORATION



PO Box 330
426 N Wayne Street
Warren IN 46792
(Phone) 260-375-2111
(Fax) 260-375-2244

June 14, 2013

Salamonie School / 1063 E 900 S / Warren IN 46792

Huntington North High School / 450 MacGahan St / Huntington IN 46750

Riverview Middle School / 2465 Waterworks Rd / Huntington IN 46750

Southern Wells Elementary / 9120 S 300 W / Poneto IN 46781

Southern Wells High School / 9120 S 300 W / Poneto IN 46781

Each year, according to Federal Communications Commission regulations, we must recertify and provide public notice to any telephone subscribers that may be eligible for the Lifeline Assistance Program. According to Lifeline guidelines, students that qualify for the School Lunch Program also qualify for the Lifeline assistance program.

Enclosed you will find application to request the Lifeline credits. This application is for both new service and also for re-certification for those residents within our serving area. Please provide this application to students that qualify for the lunch program, as their household may also qualify for the Lifeline program.

Please give our office a call if you should have questions.

Sincerely,
CITIZENS TELEPHONE CORPORATION

Cammy Ackley

Enclosure

General Information

Dial-Direct

Dial-direct calls are those (excluding Alaska and Hawaii) completed from a residence or business phone without operator assistance.

Long distance direct-dial calls are provided by the carrier of your choice. Rates are set by the carrier you have chosen.

Operator-Assisted

Operator-assisted calls are those requiring the assistance of an Operator to complete the call. These include person-to-person, coin, collect, calling card, billed to a third number, hotel guest, and time and charge calls.

Additional service charges apply when the operator assists in placing your call. Rates are set by the carrier you have chosen.

- **Federal Excise Tax** applies to all charges.

- **Charges are based** upon rates in effect at the time of connection at the calling point, calls beginning in one rate period and ending in another are billed for time & rate of each period.

Assistance Programs

Citizens Telephone Corporation participates in the Lifeline program that helps low income customers afford local telephone service. In order to meet the low income eligibility criteria, you must participate in one of the following programs:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Low Income Home Energy Assistance (LIHEAP)
- Temporary Assistance to Needy Families (TANF)
- Medicaid
- Federal Public Housing Assistance
- National School Lunch Program
- Low Income/Federal Poverty Guideline

For additional information or application, please contact our office.



Noted

900 and 976 call in numbers are NOT Toll Free. Charges range from \$.50 to \$25.00 and more, plus additional minutes of use. Know before you dial these numbers!

Calls to directory assistance will be subject to charges from the companies providing long distance service.

2013-14 Phone Directory

ARE THERE ANY RESTRICTIONS?

Lifeline discounts will only apply toward the basic residential telephone service for the main telephone line in a household. This discount is available for only one telephone service per household. If you are receiving this discount thru your wireless provider, it is not available thru Citizens.

Customers, who meet the criteria for Lifeline assistance, must be a customer with Citizens Telephone and must reside at the location for which the telephone service is provided.

WHAT DO I NEED TO VERIFY ELIGIBILITY?

Customers, who qualify, must show proof of participation in the programs indicated on the application. Proof can be obtained by bringing documentation to Citizens Telephone business office.

Annual re-certification will be required to remain on Lifeline, and you will be required to once again show proof of eligibility.

HOW DO I SIGN UP?

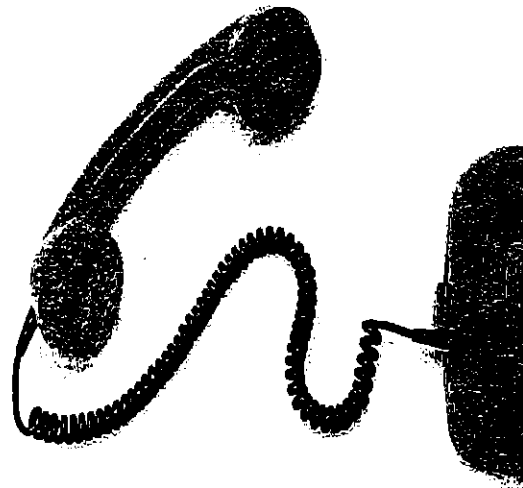
Call our business office for information, or complete the application and return to our office with verification.

YES,

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Attachment Line 1210

*you can afford
telephone service*



CITIZENS TELEPHONE CORP.
426 N Wayne St
PO Box 330
Warren IN 46792
260-375-2111

Lifeline is a program that offers discounts to qualified telephone customers on their basic monthly residential telephone service. The Lifeline discount will apply toward a residential telephone service for the main telephone line in a household.

Every person in America should have access to quality, affordable telecommunications service. The principle of "Universal Service" has been the goal of the telecommunications industry for decades. In 1934, the federal government codified the goal and reaffirmed it in 1996 by establishing policies for the "preservation and advancement of Universal Service."

To achieve the Universal Service goal, carriers have access to a fund that is generated by contributions from the telecommunications providers in the United States. Telecommunications companies draw from the fund to provide four programs that support telecommunications services nationwide. Lifeline Assistance Program is a part of the Fund's Low Income Program. Toll Limitation Service is another program available to low income subscribers to help them control what they spend on telephone service. Lifeline and Toll Limitation support provides discounts to eligible low-income consumers to help them establish and maintain telephone service.



HOW DO I KNOW IF I AM ELIGIBLE?

You are eligible for the Lifeline program if you meet one of the following criteria:

Low income based upon Federal Poverty Guideline

Federal Public Housing Assistance (FPHA)

Food Stamps / SNAP

Low Income Home Energy Assistance Program (LIHEAP)

Medicaid

National School Lunch Program's free lunch program

Supplemental Security Income (SSI)

Temporary Assistance for Needy Families (TANF)

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Attachment Line 1210

Income Based Eligibility

2012 Income Requirements for a Household

(A household is defined as any individual or group of individuals who live together at the same address as one economic unit. An "economic unit" consists of all adult individuals contributing to and sharing in the income and expenses of a household. A household may include related and unrelated persons, and may not receive Lifeline benefits from multiple providers.)

Household Size	Yearly Income
1	\$15,080
2	\$20,426
3	\$25,772
4	\$31,118
5 or more	Additional \$5,346 per person

Calculate the TOTAL household income by adding the income from ALL adult persons in your household in the below categories, to see if you qualify:

Wages	
Social Security Benefits	
Retirement Benefits	
Alimony	
Child Support	
Unemployment Benefits	
Worker's Compensation	
TOTAL	

REDACTED – FOR PUBLIC INSPECTION

CITIZENS TELEPHONE CORPORATION (SAC 320751)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY